

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 16, 2008 8:00 am
Secretary of State**

04-16-2008 90033 001 ***150.00

DOCUMENT # P07000053880

1. Entity Name
ENVIRONMENTAL CONSULTING & DESIGN, INC.



Principal Place of Business
1425 NW 6TH STREET
GAINESVILLE, FL 32601

Mailing Address
1425 NW 6TH STREET
GAINESVILLE, FL 32601

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01212008 Chg-P CR2E034 (12/06)

Zip

Country

Zip

Country

4. FEI Number

20-8978545

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

KHURANA, NILA
1425 NW 6TH STREET
GAINESVILLE, FL 32601

Name Tammy L Garcia

Street Address (P.O. Box Number is Not Acceptable)

1425 NW 6TH STREET

City Gainesville

FL Zip Code 32601

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alayna G. VICE PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.D.
NAME SALAFRIO, CARL
STREET ADDRESS 1425 NW 6TH STREET
CITY-ST-ZIP GAINESVILLE, FL 32601

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE V.P.D.
NAME GARCIA, TAMMY
STREET ADDRESS 1425 NW 6TH STREET
CITY-ST-ZIP GAINESVILLE, FL 32601

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE S.
NAME DUNN, T.O.
STREET ADDRESS 1425 NW 6TH STREET
CITY-ST-ZIP GAINESVILLE, FL 32601

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alayna G.

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #